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	Contractor:	Army Chemical	. Center		553 4a					
,	Contract No:	DA 18-108-405-C	18-108-405-CML-754							
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		Dr. Russell	S. Fisher		-					
Date	•	April 17, 19	961							
	Revised	- May 25, 1961	L							
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Enclosure 1

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Unclassified (Security Classification)

SEMI-ANNUAL PROGRESS REPORT

1 October 1960 through 31 March 1961 Contract #DA 18-108-405-CML-754

PERSONNEL:

The following persons worked under the contract:

Dr. Richard Lindenberg - Principal Investigator, Dr. Angel Pentschev - Senior

Investigator, Dr. Thomas Preziosi - Research Associate, Dr. Donald Levy
Research Associate, and Mrs. Leontina Fay - Laboratory Technician I, who started

work in November 1960, replacing Mr. Paul Rosdom.

RESEARCH:

The main purpose of the work done under this contract is to re-examine which concentration of CO in the air can be tolerated by healthy individuals for a prolonged period of time without producing permanent organic damage. The various patterns of such damage are known. However, more information is wanted in regard to the factors responsible for the development of lesions and in regard to any causal interrelationship among the lesions themselves. It was, therefore, decided to perform the experimental work in two steps. The first step consisted of single exposures of various length to different concentrations of CO under the best possible control of physiological reactions in order to gain a better insight into the mechanism of the lesion. The second step is planned to consist of long term exposures of groups of animals to CO concentrations critical for the occurrence of permanent damage and below such level. The exposures are planned to be of continuous as well as interrupted type. In pursuing this plan, it is believed that groundwork would be laid also for future studies concerning preventive and therapeutic measures.

The work during the last half year was devoted to single exposures to CO of various concentrations and of various durations. For the matter of comparison,

some animals were exposed to oxygen deficiency equivalent to certain levels of CO hypoxia. During the six month period ending 31 March 1961, 23 dogs were used and the total of experiments since the beginning of the contract amount to the total of 27 dogs.

The attached table gives information for each experiment as to the concentration of CO or O2, the duration of exposure, the maximum CO saturation in the blood during the experiment, the survival time and the absence or presence of pathologic tissue alterations.

In all experiments the rate of respiration and of pulse were continuously measured. Electrocardiograms were taken. In 15 experiments, the arterial and venous blood pressures were registered and in 19 experiments electroencephalograms were taken. In 12 experiments, the cerebral spinal fluid pressure was recorded and in 10 cases the pressure of the brain against the skull. In every case, blood samples were taken before and during exposure for determinations of hemoglobin, hematocrit, cell count and differential, glucose, sodium and potassium and CO saturation. In most cases, samples were also taken shortly after the exposure for the same type of analysis.

A few interesting and perhaps significant physiological observations may be mentioned. In all cases of 60 poisoning, the electrocardiogram soon showed alterations ranging from moderate to very severe, which in case of longer survival, often persisted for several days. As a rule, the electrocardiogram showed pathologic tracings only after the electrocardiogram displayed abnormal features. Furthermore, the pressure of the cerebral spinal fluid or of the brain against the skull started to rise first and this was followed after an interval of a few minutes by a rise in venous pressure. In those cases in which the electrocardephalogram showed absence of electrical potentials for more than 5 minutes, the brain revealed pathology except, of course, in those cases which died at the end of the experiment because of respiratory failure.

The pathological examination concerned central nervous system as well as internal organs. As regards the brain, the most severe pathologic finding was a complete necrosis of the entire white matter of the cerebrum as occasionally observed in human beings. In this experiment, the electroencephalogram showed no petentials for about 55 minutes (Exper. No. 15). In addition to the brain, the heart showed diffuse fatty degeneration of muscle fibers, predominantly in the wall of the right ventricle facing the ventricular cavity and in the interventricular septum. The next case in severity with identical distribution of lesions was Exper. No. 18. In all the other cases showing pathology, the lesions were also in the white matter, and there was no case in which nerve cells underwent necrosis. As of now, the evaluation of clinical and pathologic data leads to the conclusion that the heart suffers first, functionally and occasionally also organically, and that this dysfunction of the systemic circulation constitutes an essential factor in the production of lesions in the brain. If further individual exposures corroborate this impression, it indicates that in chronic exposures attention must be given especially to the heart. It also would open up the possibility of preventive and therapeutic treatment with drugs supporting and activating the systemic circulation.

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TABLE I

	9	Pathology	-A30	Minor pathology in brain.	A So	A	Venous congestion in all organs.	9gy•	A. A. C.		Venous congestion in all organs.	Marked pathology in brain.	Pathology similar to 9.	similar to 9.	Organs not studied,	Severe pathology in brain.	similar to 13.	Most severe pathology in brain and heart.		•8X•	Venous congestion in all organs.	Nost severe pathology in brain and heart.		Minor pathology in brain.	Venous congestion in all organs.	Marked pathology in brain.	Minor pathology in brain.		9gy•	æy.	of the experiment.
			No pathology.	Minor pat	No pathology.	No pathology.	Venous co	No pathology.	No pathology.	•	Venous co	Marked pa	Pathology	Pathology	Organs no	Severe pa	Pathology	Most seve		No pathology.	Venous co	Nost seve	No pathology.			Marked pa	Minor pat	No pathology.	No pathology,	No pathology.	died at the beginning of
	Survival	Time	None	6 days	6 days	None	95 mtn.	3 days	None	1 mtn	26 sec.	3 days	3 days	3 days	sec.	7 days	7 days	3 days	132 min	23 sec.	None	3 days	None	8 days	ca. 19 min.	14 days	14 days	2h days	7 days	_	
TABLE I	Max. CO Blood Level	During Exposure	30%	37.2%	51.6%	57.1%	36.9%	53%	22	58,3%		55.8%	56.1%	not determined	%9 * 19	39.5%	38.7%	36.9%	38.1%	}	77.28	269	not determined	52.6%	31.7%	8 99	62%	50.1%	* * * * * * * * * * * * * * * * * * * *		cal failure, the animal
	Duration Of Max.	Exposure Dar	dn.	102 min.	min.	8 min. 39 sec.		, 56 sec.	25 sec.	18 min. 40 sec.		min. 45 sec.	23 sec.		t t		38 min. 24 sec.	ca. 290 min.	112 min.	,	71 min. 58 sec.	180 min.	sec.	128 min. 49 sec.	min. 15 sec.	•		70 min. 5k sec.	40° min.	min.	Because of technical
	CO% In Air	0 ₂ % In Air	1%				1%	0.5%	- ,	0.13%	•	•		0.43%	0.24%		248%		0.16%			%27 %27	0.15%	0.15%		, J.		0.15%	ر د می	ઢ	No data, B
	No. Of	Experiment	1	8	m.	<u>व</u> ा	5	.	2	x 0		6	2	11	21	E.	77	33	16	6	17	2 ;	19	50	21	5 5	23	24	52	56	27